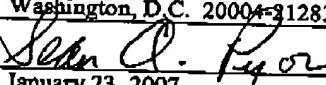


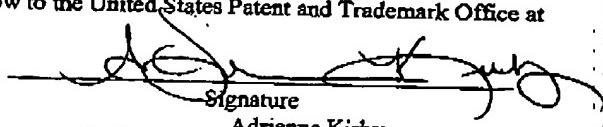
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JAN 23 2007

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/620,968
		Filing Date July 20, 2000
		First Named Inventor Shunpei YAMAZAKI
		Group Art Unit 2814
		Examiner Name Nathan Ha
Total Number of Pages in This Submission 1		Attorney Docket Number 740756-2183

ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Request for Continued Examination (RCE) Transmittal <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):		
			Remarks	
			<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
First or Individual name Sean A. Pryor Registration No. 48,103 Nixon Peabody LLP 401 9 th Street, N.W., Suite 900 Washington, D.C. 20004-31283	
Signature Sean A. Pryor	
Date January 23, 2007	

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January 23, 2007 Date	 Adrienne Kirby Typed or printed name

<i>Effective on 12/08/2004. Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i> FEET TRANSMITTAL FOR FY 2005		<i>Complete If Known</i>	
		Application Number	09/620,968
		Filing Date	July 20, 2000
		First Named Inventor	Shunpei YAMAZAKI <i>JAN 23 2007</i>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Nathan Ha
TOTAL AMOUNT OF PAYMENT (\$1,090.00)		Art Unit	2814
		Attorney Docket No.	740756-2183

METHOD OF PAYMENT (check all that apply)

- Check Credit Card Money Order None Other (please identify): _____
- Deposit Account Deposit Account Number: 19-2380
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FEE CALCULATION**1. BASIC FILING, SEARCH AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple document claims	360	180
<u>Total Claims</u>		

37 - 20 or 3 = 6 x 50 = 300.00

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
100	/ 50 =	(round up to a whole number)	x	=

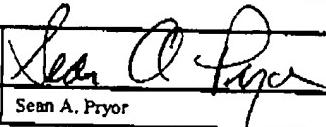
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination

\$790.00

SUBMITTED BY

<u>Signature</u>		<u>Registration No.</u> (Attorney/Agent)	48,103	<u>Telephone</u>	202 585 8000
Name (Print/Type)	Sean A. Pryor			Date	January 23, 2007

SEND TO: Commissioner for Patents
P.O. Box 1450

PAGE 2/12 * RCVD AT 1/23/2007 5:52:17 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-5/15 * DNIS:2738300 * CSID:866 741 0075 * DURATION (mm:ss):02:16

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